

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **13241**

FILED APR 26 1948

Registration District No. **205**

Primary Registration District No. **5655**

Registrar's No. **42**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Mount Vernon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 days**
(Specify whether
In this community **15 days**
years, months or days)

3. (a) PRINT
FULL NAME

John George Roschevitz

3. (b) If veteran,
name war **No**

3. (c) Social Security
No. **510-05-1905**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elna J. Robison**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **Nov. 25 1905**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 4 26 hr. min.

9. Birthplace **Purdy Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Miner**

11. Industry or business **Lead and Zinc Mines**

12. Name **Frank James Roschevitz**
13. Birthplace **Barry County, Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Josephine Cendruski**
15. Birthplace **Barry County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **E. McMichael, Record Clerk**
(b) Address **Mo. State San. Mt. Vernon, Mo.**

17. (a) **Removal** (b) Date thereof **3-25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pratt City, Mo**

18. (a) Signature of funeral director **Robert H. Harker**
(b) Address **Joplin, Mo**

19. (a) **4-1-48** (b) **C. R. Philbrick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Joplin**
(If outside city or town limits, write "RURAL")
(d) Street No. **120 E. 9th St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**
year **1948** hour **2:03** minute **A** M.

21. I hereby certify that I attended the deceased from
March 8 1948 to **March 23 1948**
that I last saw him alive on **March 23 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death
Far Advanced Pulmonary Tuberculosis and silicosis
Duration **About 2 yrs.**

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **C. A. Drasher M.D.** (M.D. or other)
Address **Mount Vernon, Mo.** Date signed **3-23-48**

RECEIVED

District Health Officer No. 6;

District File Number 448-504

Date Filed APR 23 1948

AUG 22 1948

APR 27 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Steu Parker

Licensed Embalmer No. 2548

P.O. Address 901 E. 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.